# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Doe, et.al.	
	1'.18cv69936 (L6S)( )
(List the full name(s) of the plaintiff(s)/petitioner(s).)	
-against-	MOTION FOR LEAVE TO PROCEED IN FORMA
The Trump Corporation, et. al.	PAUPERIS ON APPEAL
(List the full name(s) of the defendant(s)/respondent(s).)	
I move under Federal Rule of Appellate Procedure	24(a)(1) for leave to proceed in forma
pauperis on appeal. This motion is supported by the	ne attached affidavit.
Muy 27, 2020	Signature Signature
Patel, Raj W. Name (Last, First, MI)	
501 N. Capital Ave, Apt. 2114-D Included Address	irapoli, IN 46204 State Zip Code
317-450-(01)51 Telephone Number	rain 2010 @ grail. com E-Mail Address (if wailable)

### **Application to Appeal In Forma Pauperis**

De, et al.	v. The Trump Corp. et. al. Appeal No.
	District Court or Agency No. 1.18-cv-09936-LG

#### Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

#### Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: May 27, 2020

My issues on appeal are: (required):

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average mo amount dur 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	s MAD D	SNIA	s what	SNIA
Self-employment	s 0	SNIA	s MAD	SNIA
Income from real property (such as rental income)	\$ 0	SNIA	\$ 0	\$ NIA

# 

Interest and dividends	s O	s NA	\$ 0	s D
Gifts	\$ 0	S N/A	\$ 0	\$ ()
Alimony	\$ 0	s N/A	\$ 0	\$ 0
Child support	s O	SVIA	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ O	SNIA	\$ O	\$ 0
Disability (such as social security, insurance payments)	\$ 0	SNIA	\$ 0	\$ D
Unemployment payments	\$ 0	SNA	\$ 0	\$ 0
Public-assistance (such as welfare)	s D	s N/A	\$ 0	\$ O
Other (specify):	\$ 2000	SNIA	\$ 0	\$ 0
Total monthly income:	\$0	\$0	\$0	\$0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NIA		<b>这种的</b>	s —
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
MIA			\$ -
		A Property (ANIII)	\$
	J. Carlotte O.	(1)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Alu	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
NIA		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)  Are real estate taxes included?  Is property insurance included?  Yes No	\$ <b>805</b> 825	s gue
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$75	s 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	s podes	\$ 0
Clothing	\$ 100	\$ 0
Laundry and dry-cleaning	\$ 20	s b
Medical and dental expenses	\$ 30	s O

# Case 1:18-cv-09936-LGS Document 275-1 Filed 05/27/20 Page 5 of 7

Transportation (not including motor vehicle payments)	\$ 200	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	SNIA	\$ 0
Insurance (not deducted from wages or included in mortgage p	ayments)	6
Homeowner's or renter's:	\$ NIA	\$ 0
Life:	\$ NIA	\$ 0
Health:	\$ 0	\$ 0
Motor vehicle:	S NIA	\$ 0
Other:	s NIA	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	S MAKA U	\$ 0
Installment payments		
Motor Vehicle:	\$ O	\$ 0
Credit card (name):	\$ 2000	\$ 0
Department store (name):	\$ 0	\$ 6
Other:	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 6
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 6
Total monthly expenses:	\$ 9 2000	\$ 0
9. Do you expect any major changes to your monthly incom or liabilities during the next 12 months?  Yes No If yes, describe on an attact of the spending of th	ched sheet.	
If yes, how much? \$		

# Case 1:18-cv-09936-LGS Document 275-1 Filed 05/27/20 Page 6 of 7

Provide any other information that will help explain why you cannot pay the docket fees

12.	Identify the city and state of your legal residence.			
	City Indianapolis	State <u>Indiana</u>		
	Your daytime phone number: 31	7-450-10651		
	Your age: Your years	of schooling: 18-21		
	Last four digits of your social-sec	curity number: 0479		

11.

for your appeal.

4.	How much cash do you and your spouse have?	8 54	000
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Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
# Chase	checking	\$ 4800	s WIA.
Key Bronk	Checking	\$ 50	s NIA
J		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1	
(Value) \$ W   A	(Value) \$ N/A (Value) \$ N/A		
		Make and year:	
		Model:	
		Registration #:	

Motor vehicle #2	Other assets	Other assets
(Value) \$ W   A	(Value) \$ 1/4 62,000	(Value) \$ N (A
Make and year:		
Model:		
Registration #:		